

CLAIMS ONLY	Application Number	Filing Date
	10/750270	
Applicant(s)		

10/750270

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
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36		/				
37		/				
38		/				
39	/					
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41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47						
48						
49						
50						
Total Indep	3					
Total Depend	43					
Total Claims	46					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
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57						
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59						
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98						
99						
100						
Total Indep						
Total Depend						
Total Claims						